

| POSITION                  | INITIALS | ID NO.    | DATE |
|---------------------------|----------|-----------|------|
| FEE DETERMINATION         | J.B.     | 22034-5-0 |      |
| O.I.P.E. CLASSIFIER       |          |           |      |
| FORMALITY REVIEW          |          |           |      |
| RESPONSE FORMALITY REVIEW |          |           |      |

### INDEX OF CLAIMS

✓ Rejected N Non-elected  
 = Allowed I Interference  
 - (Through numeral) Canceled A Appeal  
 : Restricted O Objected

| Claim | Date | Claim | Date | Claim | Date |
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If more than 150 claims or 10 actions  
 state and attach sheet now